

CONCEALED HANDGUN LICENSING BUREAU
Certification of Class Completion

I do hereby certify that the below listed students have taken and completed a course to qualify them to carry a concealed handgun in accordance with the Texas Concealed Handgun Law.

Instructor's Signature

	STUDENT'S NAME	Driver License or Identification Card #	C - Classroom only	SA or NSA	PASS or FAIL
			P - Proficiency only or		
			B - Both		
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Please Print:

INSTRUCTOR NAME: _____

LICENSE #: _____

CLASS COMPLETION DATE: __/__/____

You must submit this Class Completion within five (5) business days. The completed form may be faxed:
to 512-424-5849 or
emailed to RSD_Customer_Relations@dps.texas.gov

Privacy Policy: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.